



BARIATRIC SURGERY PROGRAM

My Food Diary

Name: _____

Telephone number: _____



**Centre intégré
de santé
et de services sociaux
de la Côte-Nord**

Québec 

Document based on the “Journal alimentaire” published by the **Institut universitaire de cardiologie et de pneumologie de Québec-Université Laval (IUCPQ-UL)**

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Adapted by Marie-Élaine Anctil, nutritionist at the CISSS de la Côte-Nord

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Consulted by: - Geneviève Marchand, executive advisor – Medical affairs, DSPEU
- Mylène Landry, nurse clinician at the CISSS Côte-Nord

The food diary is a tool used to have an overview of your diet on a normal day. It aims to highlight certain aspects of your habits that you should work on with the nutritionist before your surgery, in order to make sure that the surgery is a success and that you get the expected results.

In this diary, each page represents a day. On each page, there is a table used to list everything you eat and drink during the day, including the amount of each food you consume. You must write the time of day, the place and length of the meal, as well as the people you were with (friends, colleagues, family, etc.). Also, it is important to comment on your level of hunger before the meal and your level of satiety after the meal, using the criteria from the hunger and satiety scale (see next page).

If you did any physical activity during the day, write it at the bottom of the page. On the last page, you will find thought-provoking questions regarding your meals, to compare your plate with the Eat Well Plate, for example. Finally, you can also write down your thoughts and mood during a meal, in order to see if they influence your food intake.

Complete this diary for seven days and send it back by:

- **Fax: 418 294-1002**
- **Email: 09.usagers.bariatrique@ssss.gouv.qc.ca**
- **Mail: Clinique interdisciplinaire bariatrique
 Hôpital Le Royer, bureau 525
 635, boulevard Jolliet
 Baie-Comeau (Québec) G5C 1P1**

The hunger and satiety scale

1	Intense hunger: Feeling of starving. Dizziness and physical discomfort may accompany this hunger. The body is so hungry that it ignores the satiety signal. You risk eating too much.
2	Medium hunger: Your stomach is growling a lot. This hunger becomes uncomfortable and you risk eating too much.
3	Normal hunger: Feeling empty. Slight feeling of an empty stomach, it is growling a little. <i>It is time to eat!</i>
4	Being good/satisfied: Feeling pleasantly satiated. Feeling neither hungry nor full. <i>It is time to stop eating!</i>
5	Being “full”: Feeling full, your stomach is bloated. You do not taste the flavours as much. You start feeling uncomfortable.
6	Being “too full”: Uncomfortable feeling of having filled your stomach too much. Feeling “stuffed”, possibly feeling sick.

In order to better listen to your body's needs:

- Eat slowly, with a full awareness.
- Ask yourself these questions:
 - Before eating: “Am I really hungry?”
 - During the meal: “Am I still hungry?”

Date: _____

BREAKFAST Time:		LUNCH Time:		SUPPER Time:	
Place:		Place:		Place:	
With whom:		With whom:		With whom:	
Amount	Foods	Amount	Foods	Amount	Foods
Amount	Beverages	Amount	Beverages	Amount	Beverages
Level of hunger before the meal: _____		Level of hunger before the meal: _____		Level of hunger before the meal: _____	
Level of satiety after the meal: _____		Level of satiety after the meal: _____		Level of satiety after the meal: _____	
Length of the meal: _____		Length of the meal: _____		Length of the meal: _____	
A.M. SNACK Time:		P.M. SNACK Time:		EVENING SNACK Time:	
Place:		Place:		Place:	
With whom:		With whom:		With whom:	
Amount	Foods	Amount	Foods	Amount	Foods
Amount	Beverages	Amount	Beverages	Amount	Beverages
Food consumed between 9:00 p.m. and 6:00 a.m.:					
Reason:					

Date: _____

BREAKFAST		LUNCH		SUPPER	
Time: _____		Time: _____		Time: _____	
Place: _____		Place: _____		Place: _____	
With whom: _____		With whom: _____		With whom: _____	
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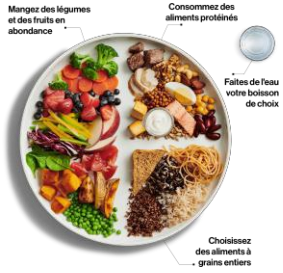


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<p><i>Did I respect the Eat Well Plate during my meal? (Check the boxes for the elements that were in your plate.)</i></p>	<p>BREAKFAST – Canada’s Food Guide</p>  <p>Proteins = 1/4 <input type="checkbox"/> Whole-grain foods = 1/4 <input type="checkbox"/> Vegetables and fruits = 1/2 <input type="checkbox"/></p>	<p>LUNCH - Canada’s Food Guide</p>  <p>Proteins = 1/4 <input type="checkbox"/> Whole-grain foods = 1/4 <input type="checkbox"/> Vegetables and fruits = 1/2 <input type="checkbox"/></p>	<p>SUPPER - Canada’s Food Guide</p>  <p>Proteins = 1/4 <input type="checkbox"/> Whole-grain foods = 1/4 <input type="checkbox"/> Vegetables and fruits = 1/2 <input type="checkbox"/></p>
<p><i>Were there events or thoughts that influenced my food choices or the amount of food I consumed? (Visit, boredom, particular taste for a food, stress, etc.)</i></p>			

Priority objective(s)

- Three meals per day;
- Proteins at each meal (meat, poultry, fish, eggs, legumes, tofu, nuts, seeds, milk, cheese, yogurt);
- Avoid liquids during meals;
- Stop drinking soft drinks, carbonated water and sugary drinks;
- Avoid overloading your stomach until you feel too full;
- Avoid eating during the night unless you feel real physical hunger;
- Reduce your alcohol consumption.